

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	3					
7	3					
8	3					
9	3					
10	2					
11	3					
12	3					
13	3					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	60	←	←	←	←	←
TOTAL CLAIMS	63	██████	██████	██████	██████	██████

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		██████	██████	██████	██████